



FACT SHEET

Californians in Treatment: Fiscal Year 2006-07



This fact sheet contains data on treatment admissions opened from July 1, 2006 through June 30, 2007 and discharges from treatment closed from July 1, 2006 through June 30, 2007. The data in this fact sheet is based on data collected by publicly funded treatment providers who report treatment data to ADP via the California Outcomes Measurement System – Treatment (CalOMS-Tx).

Background

ADP funds and administers alcohol and other drug (AOD) prevention, treatment, and recovery services in California. California's 58 counties work in partnership with ADP to coordinate a comprehensive, statewide AOD system of care. The mission of ADP is to lead efforts to reduce alcoholism, drug addiction and problem gambling in California by developing, administering and supporting prevention, treatment, and recovery programs. The vision of ADP is that Californians understand that alcoholism, drug addiction and problem gambling are chronic conditions that can be successfully prevented and treated.

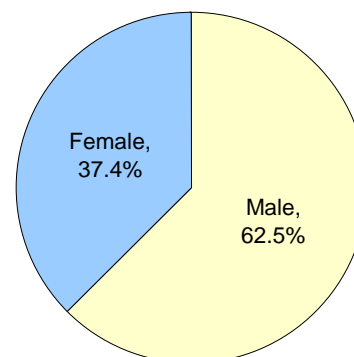
The following data come from CalOMS-Tx. Through CalOMS-Tx, ADP collects treatment client demographics and outcome data. This outcome data is collected from clients by treatment providers and covers the following life areas: alcohol/drug use, criminal involvement, employment/education, family/social, mental health, and physical health. Clients are asked the same questions at admission, on the one-year anniversary date of their treatment (for those in treatment twelve months or more), and upon discharge from the treatment program.

Admission Data

From July 1, 2006 through June 30, 2007 (FY 2006-07), there were 222,221 admissions to ADP's treatment system of care. The number of clients admitted to treatment was 172,401. On any given day there were 105,631 clients in treatment. These figures include admissions to outpatient treatment, narcotic replacement therapy, day care rehabilitation, detoxification, and residential treatment services.

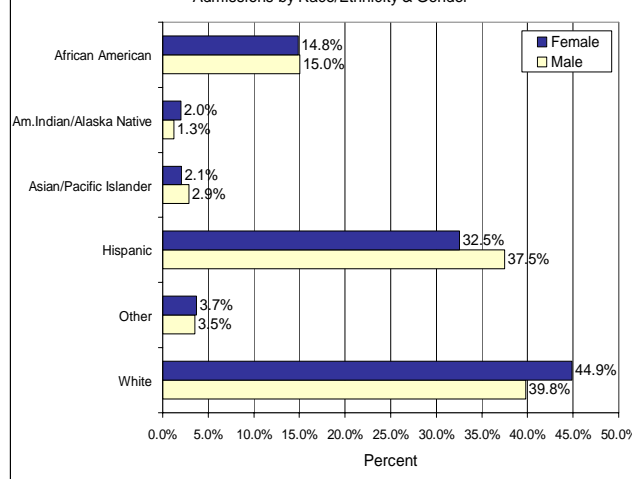
The following graphs provide information obtained from client admission records. The data in the following graphs exclude detoxification services; so the total used for the following admission graphs is 186,061.

Gender Reported at Admission

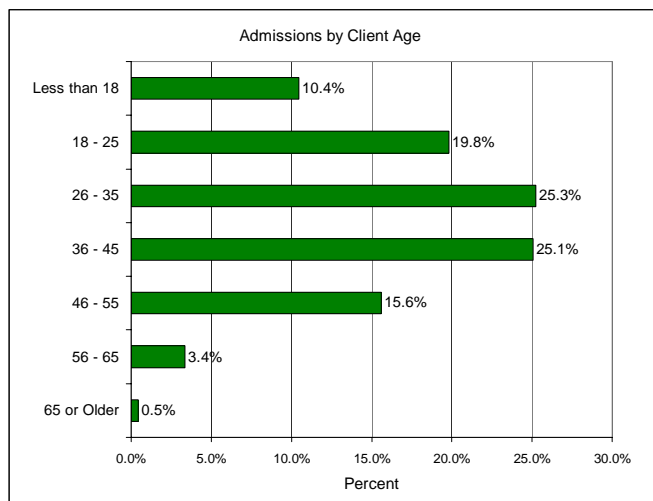


The graph above shows the majority of admissions (116,334) were for males, 69,614 were for females, and 113 (<1%) were for clients reporting "other" for gender.

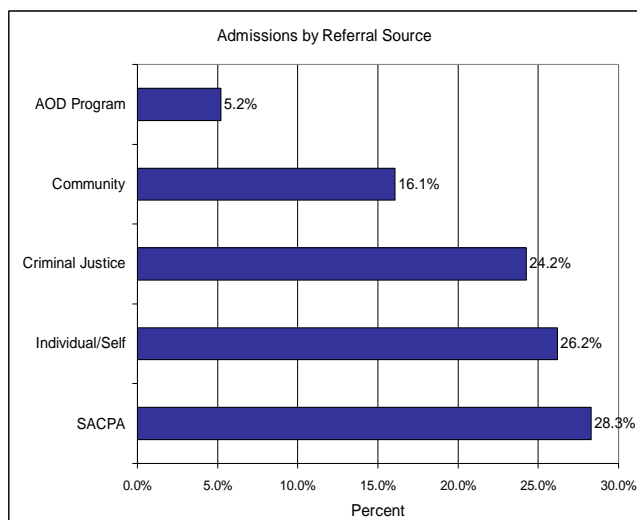
Admissions by Race/Ethnicity & Gender



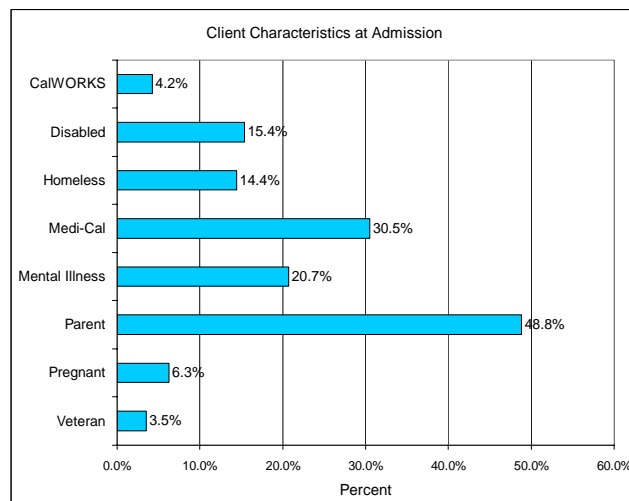
The graph above shows the percent of admissions by race/ethnicity. As the graph shows, more clients identified as White or Hispanic than any other race/ethnicity at admission.



The graph above shows the percent of admissions according to the age of the client at the time of their admission. One fourth of admissions (25.3%) were for clients 26 to 35 and one fourth (25.1%) were for clients 36 to 45 years old. The third largest age group was (19.8%) clients 18 to 25 years of age.



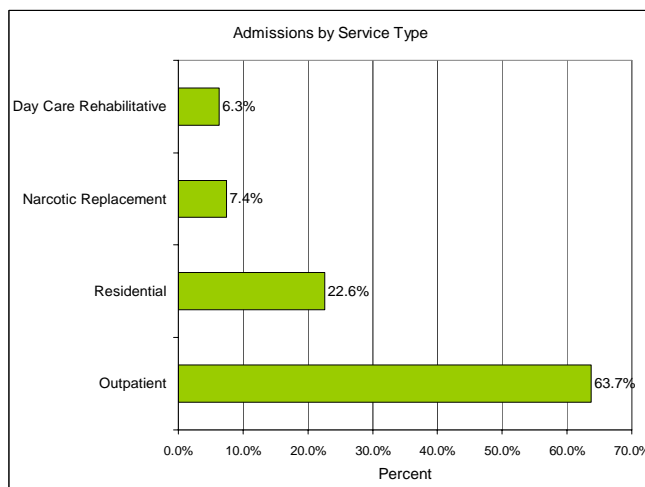
This graph shows the percent of admissions by referral source. Over half (52.5%) of the referrals to treatment were from the criminal justice system; either SACPA or other courts. Referrals from SACPA comprise 28.3 percent of admissions and referrals from other courts or criminal justice systems, such as DUI, drug courts, or dependency courts, represent 24.2 percent. Over one-fourth (28.2%) of admissions were for clients who reported they were referred to treatment by themselves, a relative, or a friend.



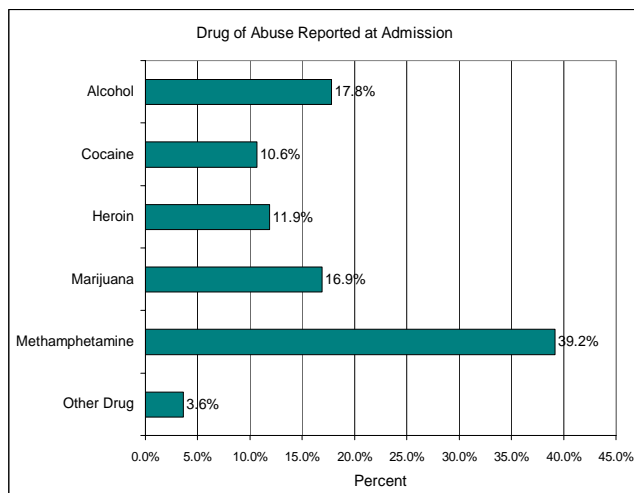
This graph provides data on key characteristics of clients:

- 79,791 admissions to treatment were for parents of children under the age of 18.
- 56,747 admissions were for Medi-Cal beneficiaries.
- 38,292 admissions were for clients who report having been diagnosed with a mental illness.

Note: Clients may fit into one or more of these categories; therefore percents do not add up to 100.



The graph above shows the percent of admissions to treatment by type of service. The majority of admissions (118,569) to treatment were for Outpatient Drug Free services. Of the 186,061 admissions, nearly one fourth (22.6%) were for residential treatment.



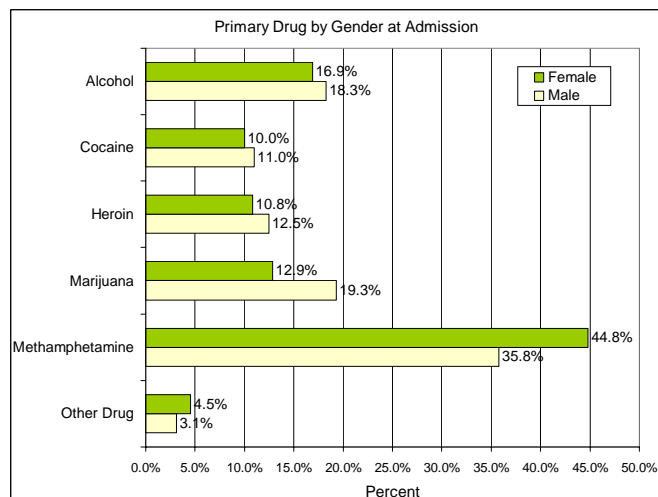
The graph above shows the majority of admissions to treatment were for methamphetamine users (72,907). Alcohol was the second most commonly reported primary drug at admission (33,074). The third highest reported primary drug at admission was marijuana (31,441) admissions.

Primary Drug Use among Subpopulations

This section of the fact sheet shows primary drug reported at admission among various subpopulations of the entire treatment population. The total number of treatment admissions used in calculating the data for the following section is 186,061. The subpopulations examined are: gender, race, ethnicity, and age. Each of these subpopulations comprises a different proportion of the entire treatment population (186,061); e.g. 66,270 of the 186,061 treatment admissions were for Hispanic persons.

Therefore, each of the following graphs is based on the total number of admissions for a given subpopulation. So, the graph of primary drug use among Hispanic persons on the next page uses the number of Hispanic admissions (66,270) as the denominator.

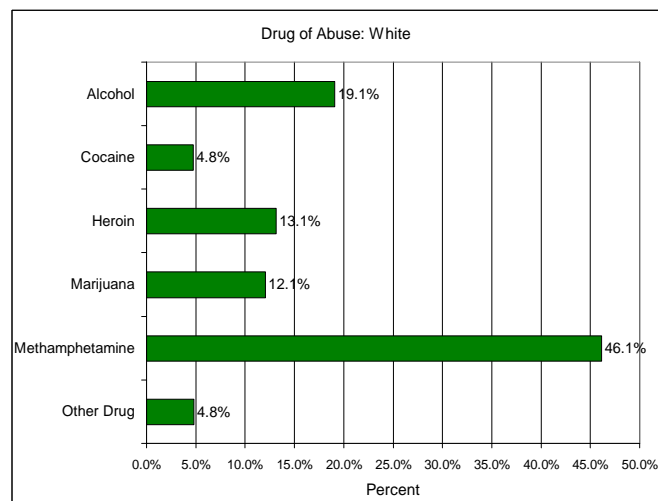
As the following data demonstrate, the top three primary drugs reported at admission vary when primary drug is examined at the subpopulation level.



In the graph above the male treatment subpopulation compared to the female treatment subpopulation. Percents displayed for women were calculated using the number of women (69,614) as the denominator and percents displayed for men use the number of men (116,334) as the denominator.

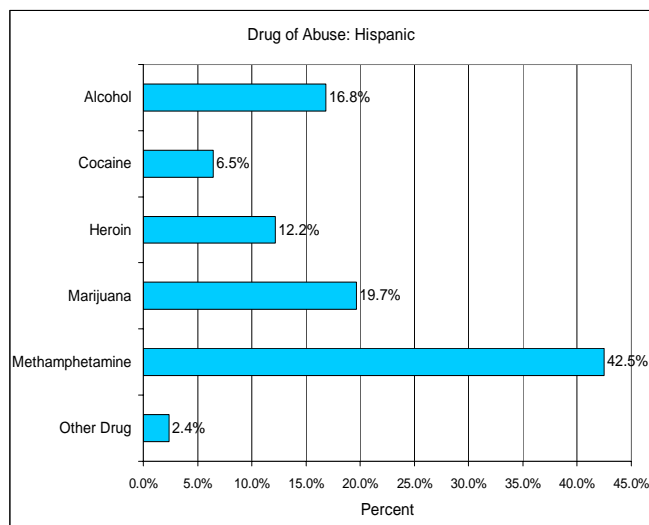
Methamphetamine is the top reported primary drug for both males and females. However, in the female population, the percent of admissions for methamphetamine is much higher than it is among males; 44.8 percent vs. 35.8 percent, respectively.

Marijuana is reported as the second highest primary drug (19.3%) for males. In contrast, the second highest primary drug reported among females is alcohol (16.9%).

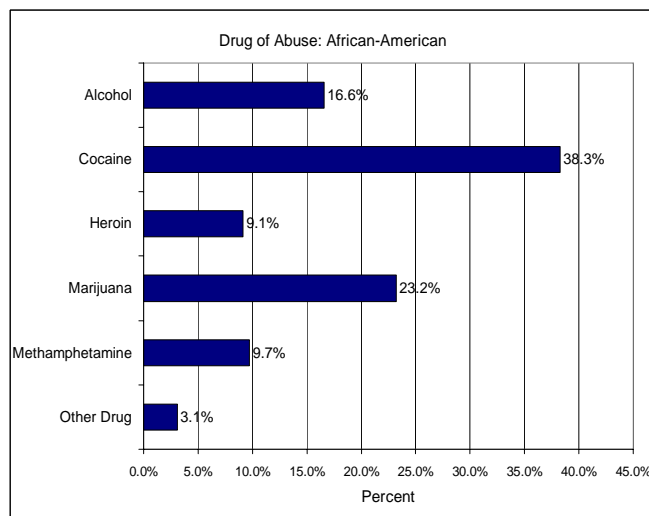


This graph shows the percent of admissions for each primary drug for White clients (77,603). Methamphetamine is the number one drug among this

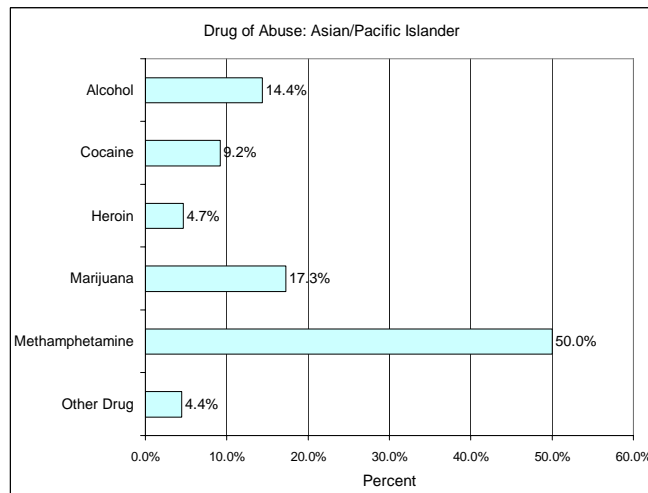
group at (46.1%). The second drug reported among Whites was alcohol (19.1%). The third drug was heroin (13.1%) of admissions among this subpopulation.



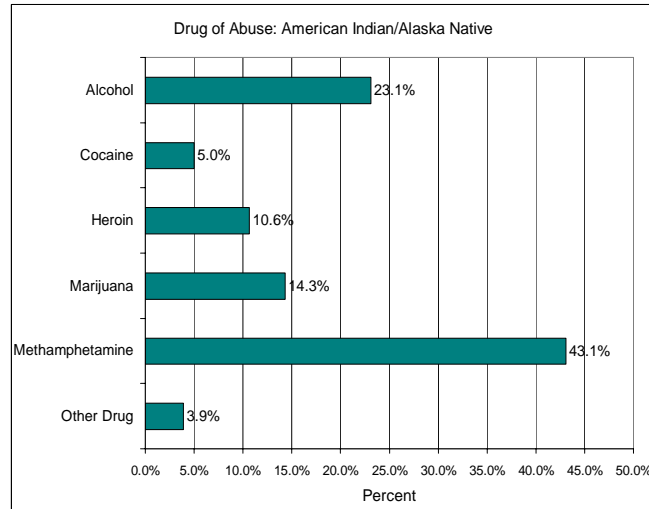
As discussed earlier, the second largest race/ethnic subpopulation in treatment was Hispanic (66,270). Methamphetamine is the number one primary drug among Hispanics at 42.5 percent. In contrast to the White subpopulation, the second primary drug among Hispanics was marijuana (19.7%) and the third primary drug among Hispanics was alcohol (16.8%).



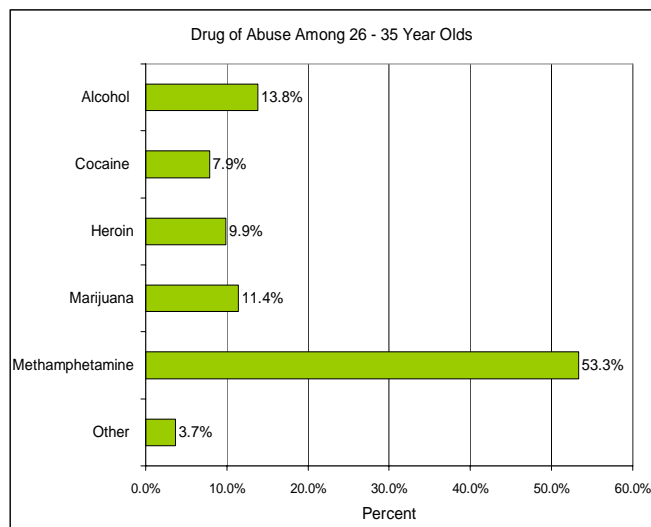
The third largest race/ethnic subpopulation in treatment is African-American (27,804). This graph shows the percent of admissions for each primary drug reported by African-Americans at admission to treatment. In contrast to Whites and Hispanics, the number one drug for African Americans was cocaine (38.3%), followed by marijuana (23.2%), and alcohol (16.6%).



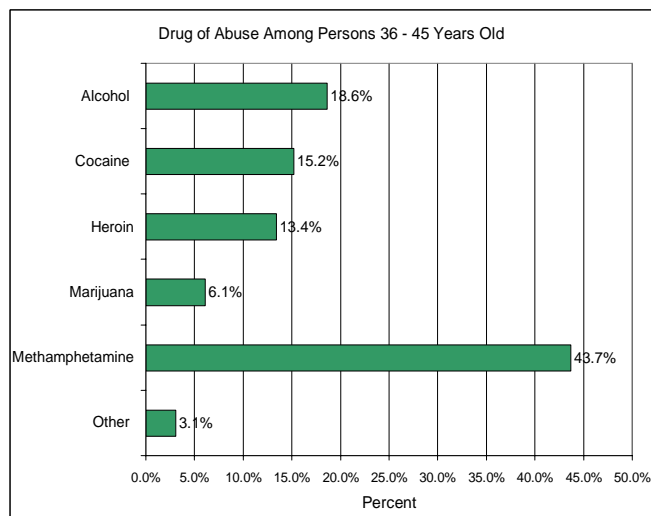
This graph shows the percent of admissions by drug type among Asians/Pacific Islanders (4,825). Similar to other race/ethnic subpopulations the top drug for Asians/Pacific Islanders is methamphetamine (50.0%). However, compared with other race/ethnic treatment subpopulations, the Asian/Pacific Islander subpopulation has the highest percent of admissions for methamphetamine. The second drug reported among this group is marijuana (17.3%), followed by alcohol (14.4%).



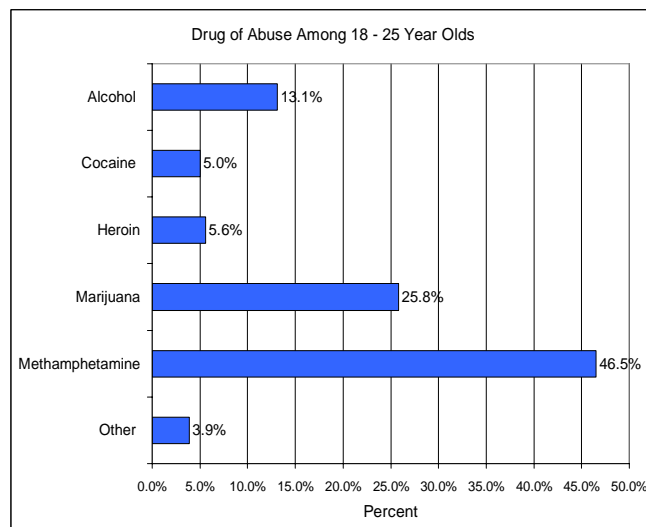
This graph shows the percent of admissions by drug among the American Indian/Alaska Native treatment subpopulation (2,862). Among this group the top drug was methamphetamine (43.1%), followed by alcohol (23.1%), and marijuana (14.3%).



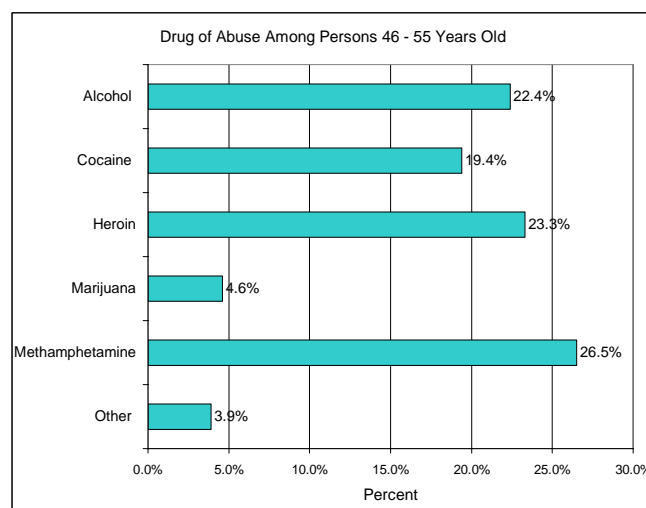
The graph above shows the percent of admissions for each primary drug among individuals between 26 and 35 years of age. This age group represents 25.3 percent of admissions. As the graph shows the top drug for this group is methamphetamine (53.3%). Compared with other age treatment subpopulations, this age group has the highest percent of admissions for methamphetamine. Methamphetamine is followed by alcohol (13.8%), with the third drug being marijuana (11.4%) for this age group.



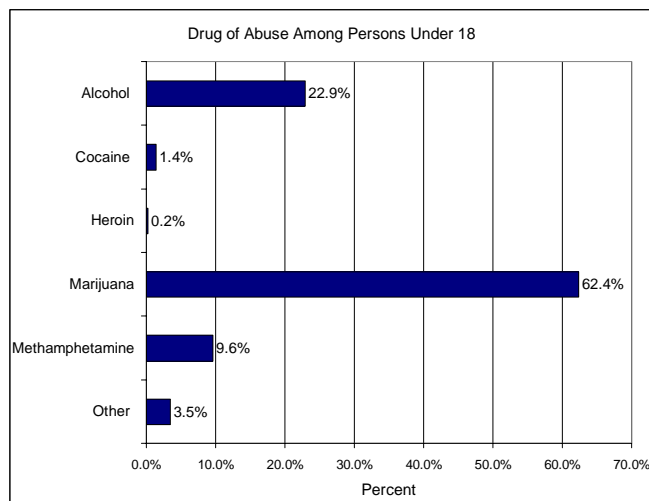
This graph shows the percent of admissions by drug among adults between 36 and 45 years of age. This age grouping is one-fourth (25.1%) of treatment admissions. As the graph shows 43.7 percent of adults between 36 and 45 reported methamphetamine as their primary drug. Second for this age group was alcohol at 18.6 percent. Cocaine was the third drug among this age group at 15.2 percent.



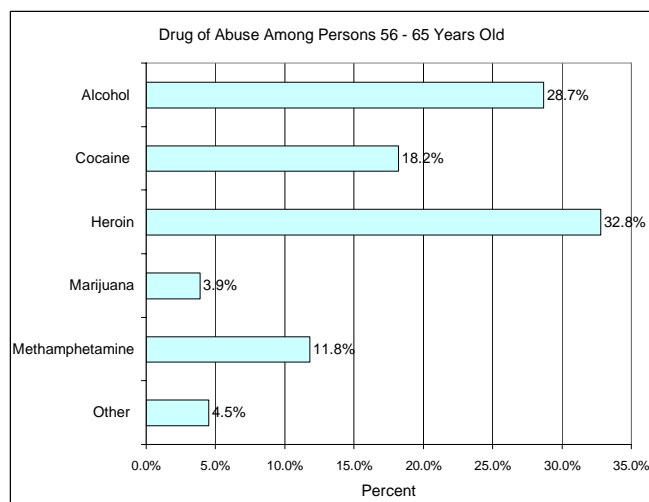
The next age grouping is individuals between 18 and 25 years old (36,882). The highest percent of admissions among 18 to 25 year olds was for methamphetamine (46.5%), which is followed by marijuana (25.8%) and alcohol (13.2%)



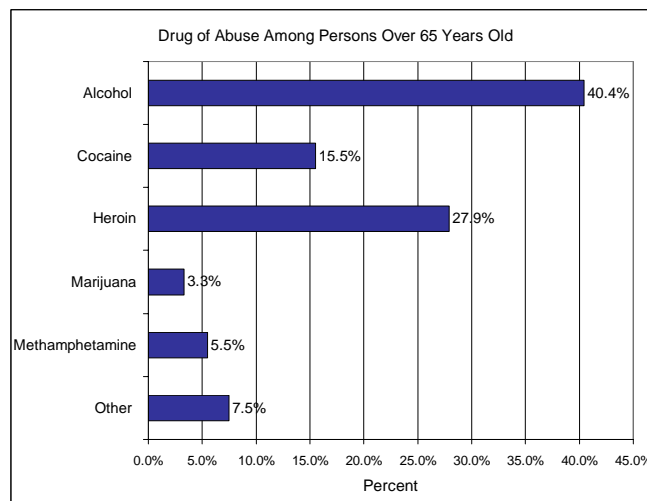
This graph shows the percent of admissions for each drug for individuals between the ages of 46 and 55 (29,017). As this graph displays, among persons age 46 to 55, three drugs were reported in similar proportions: methamphetamine (26.5%), heroin (23.3%), and alcohol (22.4%).



Persons under the age of 18 represent one-tenth (10.4%) of the treatment population. As the graph shows, the majority of admissions for persons under 18 years of age were for marijuana at 62.4 percent. Nearly twenty-three percent of admissions for youth were for alcohol and almost ten percent were for methamphetamine.



This graph displays primary drug admissions among persons 56 to 65 years of age (6,266). Unlike, other age groups previously displayed, methamphetamine is not among the top three drugs. For this group, the top three drugs are heroin (32.8%), alcohol (28.7%), and cocaine (18.2%).



The smallest percent (<1%, 857) of admissions was for persons 66 years of age or older. For this group, the top drug was alcohol (40.4%), the second drug was heroin (27.9%), and the third drug was cocaine (15.5%).

The treatment subpopulation data that have been provided in this section demonstrate the value of looking at data for different subpopulations within the treatment population. As we have seen in the graphs presented, the top three primary drugs are different for each treatment subpopulation. For example, for four of the seven age groups methamphetamine is the top drug reported, while marijuana is the top drug for those under 18 years old.

Discharge Data

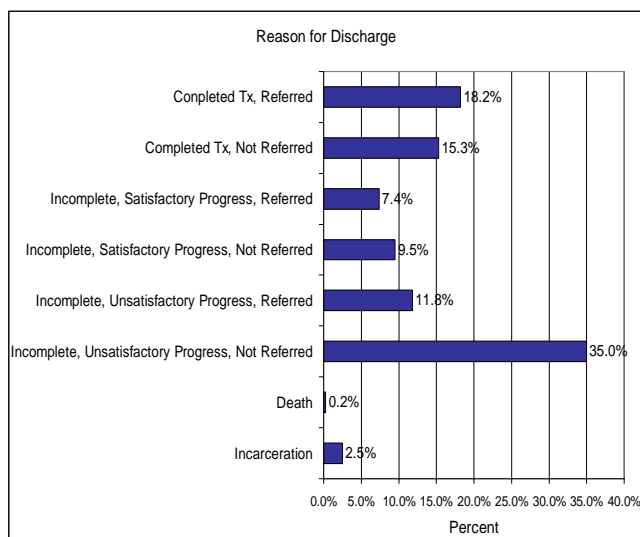
This section provides data related to treatment discharges. During FY 2006-07 there were 196,617 discharges from treatment. There were 155,431 clients discharged from treatment. For the following graphs, detoxification services have been excluded. So, the total used was 162,557. The following graphs provide demographic and other information obtained from client discharge records.

The graph on the next page, titled *Reason for Discharge*, shows percents for each of the eight reportable discharge statuses in CalOMS-Tx. Each discharge status is defined below.

- 1. Completed Treatment, Referred:** This captures both clients referred to receive additional services in a treatment episode and clients referred to receive ancillary services such as job training or participation in a twelve-step program. Clients discharged for this

reason are asked all the CalOMS-Tx questions at discharge. Therefore, outcomes can be measured for clients discharged under this status.

- 2. Completed Treatment, Not Referred:** This captures clients that finished a treatment episode and were not referred for further service because they have completed the goals of their treatment plan. This category may also include clients who finished a single treatment service, who did not have further services planned and thus were not referred by the provider. Clients discharged for this reason are asked all the CalOMS-Tx questions at discharge. Therefore, outcomes can be measured for clients discharged under this status.



- 3. Incomplete, Satisfactory Progress, Referred:** This captures clients who were referred and/or transferred from one treatment program to another prior to completing their treatment service as planned. This discharge status may capture clients who were responding very well to the service in which they were enrolled and were referred to receive a different level of service. Clients discharged for this reason are asked all the CalOMS-Tx questions at discharge. Therefore, outcomes can be measured for clients discharged under this status.
- 4. Incomplete, Satisfactory Progress, Not Referred:** includes clients who were making good progress in their treatment, but stopped appearing for services on their own accord. For example, a client may feel s/he is ready to discontinue treatment and simply stops coming in for counseling sessions even though s/he has not completed the services as planned by the provider.

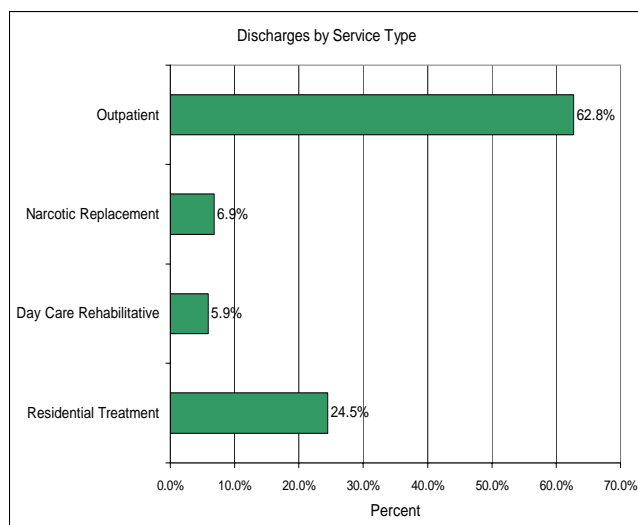
Under such circumstances the provider has to determine the last date they saw the client and prepare an “administrative discharge” to close the client’s service record. Clients discharged administratively do not answer the CalOMS-Tx questions at discharge. Therefore, outcomes, such as percent change, cannot be calculated.

- 5. Incomplete, Unsatisfactory Progress, Referred:** This captures clients who were referred and/or transferred from one treatment program to another prior to completing their treatment service as planned. This discharge status may capture clients who were not responding very well to the service in which they were enrolled and were thus referred to another program or to receive a different level of service. Clients discharged for this reason are asked all the CalOMS-Tx questions at discharge. Therefore, outcomes can be measured for clients discharged for this reason.
- 6. Incomplete, Unsatisfactory Progress, Not Referred:** This captures clients who were not doing well in treatment and left the treatment program on their own accord prior to completing their treatment as planned by the provider. Like clients discharged under discharge status 4 (see left), this discharge status is an administrative discharge. Because the client left treatment without notice the CalOMS-Tx discharge questions were not collected from the client. Therefore, treatment outcomes, such as percent change, cannot be calculated for clients discharged for this reason.
- 7. Death:** This is also an administrative discharge category. This status captures clients who passed away prior to completing their treatment as planned by the provider. Clients discharged for this reason do not complete the CalOMS-Tx discharge questions and thus outcomes like percent change cannot be calculated.
- 8. Incarceration:** This captures clients discharged from treatment because they became incarcerated prior completing treatment. Discharges that fall in this category are also administrative discharges and thus treatment outcomes, such as percent change, cannot be calculated for these clients.

As the graph on the left shows, nearly half (47.2%) of the discharges submitted during FY 2006-07 were administrative discharges (discharge status 4, 6, 7, and 8). Per the definitions provided above, an administrative discharge occurs when a client ceases to appear without notification for treatment services in which they are enrolled. Under such circumstances,

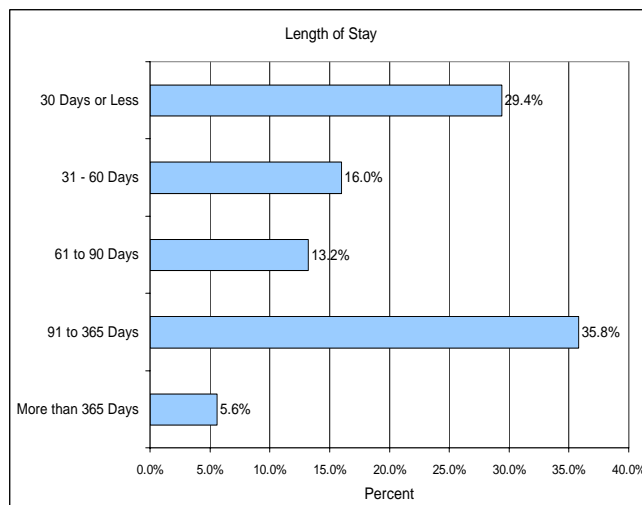
providers must determine the last date the client was seen and complete an abbreviated discharge record to indicate the client left treatment prior to their planned discharge date.

In FY 2006-07, 33.8 percent of discharges submitted were for clients who completed treatment (discharge status 1 and 2). As mentioned previously, this includes clients who were referred after completion and clients who were not referred after treatment completion. Nearly twenty percent (19.2%) of discharges were for clients referred or transferred. Therefore, 52.8 percent of discharges were for clients who completed a CalOMS-Tx discharge interview.



This graph above provides the percent of discharges by treatment service type. Like the graph for admissions by service, this graph excludes discharges from detoxification services. Over half (62.8%) of the 162,557 discharges included in the graph above were from Outpatient Drug Free services. Nearly one fourth (24.5%) of discharges were for short- or long-term residential treatment services.

As the graph indicates, fewer discharges (6.9%) were for Narcotic Replacement, often referred to as methadone maintenance, services. These services tend to span many years and so discharge counts tend to be lower for Narcotic Replacement services than others.



This graph provides percent of discharges according to how long the client was in treatment. Research indicates that the longer clients are in treatment the more positively treatment will impact their life. Over one-third (35.8%) of discharges in FY 2006-07 were for clients who were in treatment between 91 and 365 days. Over one-fourth (29.4%) of discharges were for services lasting 30 days or less.

Treatment Outcomes

This section provides data about how treatment impacted clients served; i.e. how did the client's life or behaviors change between admission to treatment and discharge from treatment? The impact of treatment is assessed by collecting the same data from clients multiple times and comparing client responses provided at one point in time (e.g. admission) with client responses provided at a different point in time (e.g. discharge or annual update).

As mentioned on page 1, CalOMS-Tx data collection involves asking clients a series of questions that cover: alcohol/drug use, criminal involvement, employment/education, family/social, mental health, and physical health. The data collected for these life domains are referred to as "outcome measures." An example of such an outcome measure is *in the past 30 days how many days were you in jail?*

The client responses provided at admission (A) are compared with the responses provided at discharge (D). The impact of treatment is then assessed by calculating the difference, or change, between the responses at admission and the responses at discharge. The calculation used to assess the impact of treatment is percent change. Percent change (P) is calculated as follows:

$$P = [(D-A)/A] \times 100.$$

The data in the table below represent all admissions for which a discharge was completed. Such pairs of admissions and discharges are referred to as “matched records.” Some clients may have more than one matched record in a given timeframe. The table on the next page contains data on matched records where the discharge date occurred between July 1, 2006 and June 30, 2007.

As discussed previously, some clients are administratively discharged, meaning they leave treatment, on their own accord, prior to answering the CalOMS-Tx discharge questions. Thus, matched records for clients who were not interviewed at discharge are not included in the table

below. In addition, matched detoxification records were excluded because clients may still be under the influence of AOD and thus cannot respond to the questions. Also, since the typical length of detoxification services is brief one would not expect much change in life domains other than substance use and medical health.

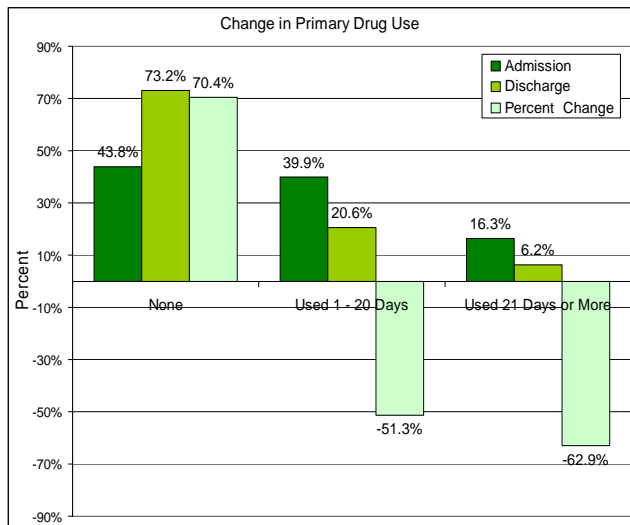
The total number of matched records included in the table below is 66,154. Note that some clients may fit into more than one category for each life area (e.g. may have had days in jail and may have been arrested in the past 30 days).

Life Domain	Outcome Measures	1	2	3	4
		Admission	Discharge	Difference (2 – 1)	Percent Change
Primary Drug Use	No Use	29,228	48,272	19,044	65.2%
	Used 1 – 20 Days	26,294	13,771	-12,523	-47.6%
	Used 21 Days or More	10,632	4,111	-6,521	-61.3%
Criminal Involvement	Arrests	1167	455	-712	-61.0%
	In jail	11,650	3,358	-8,292	-71.2%
	In prison	1,815	385	-1,430	-78.8%
Employment	Employed	17,115	22,632	5,517	32.2%
	Enrolled in job training	1,963	3,649	1,686	85.9%
Family & Social	Had serious family conflict(s)	6,424	3,789	-2,635	-41.0%
	Lives with AOD user	8,361	4,489	-3,872	-46.3%
	Used social support services	29,577	44,491	14,914	50.4%
Living Status	Homeless/not in stable housing	13,026	11,228	-1,798	-13.8%
Medical & Health	Emergency room visit	1,421	1,049	-372	-26.2%
	Overnight hospital stay	1,278	697	-581	-45.5%
	Experienced health problems	8,655	6,044	-2,651	-30.6%
Mental Health	Psychiatric emergency room visit	828	716	-112	-13.5%
	24-hour hospital stay	973	546	-427	-43.9%

The following graphs, unlike the table above, show admission, discharge, and outcome data for individual clients rather than for matched records. The data in these graphs show what clients reported for a given life area at admission, what they reported for that same life area at discharge, and the percent change in their responses measured after they were discharged.

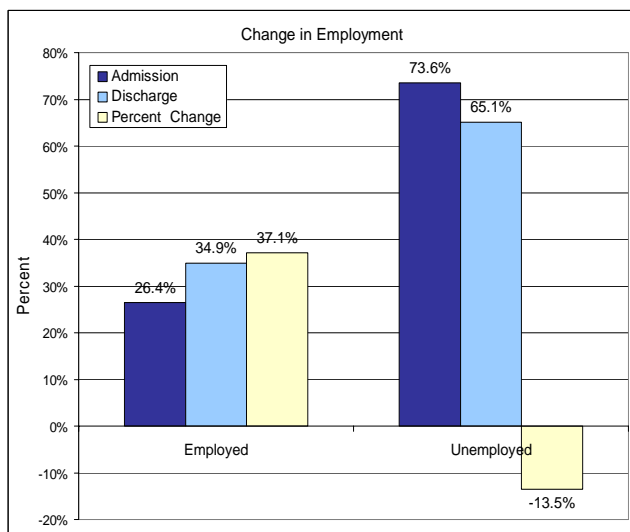
These graphs that follow include data for 58,793 clients admitted to treatment during the past three

years, who completed a discharge interview from July 1, 2006 through June 30, 2007. Data for clients who were administratively discharged are not included in the graphs below because they were not available to collect data from at the time of discharge.

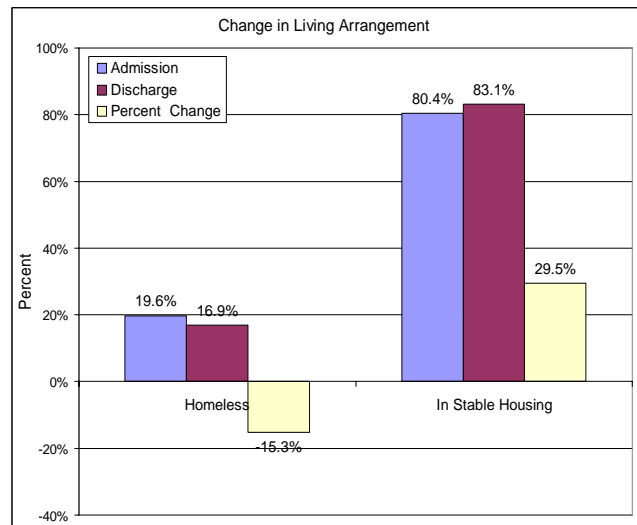


There were 58,973 clients who answered *how many days in the past 30 days did you use your primary drug* at both admission and discharge.

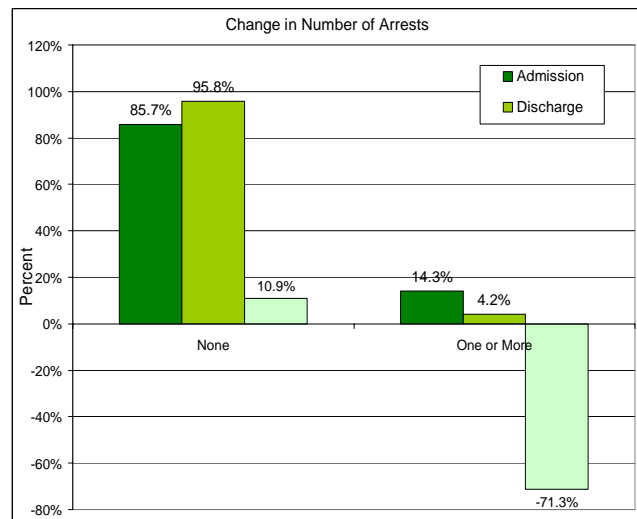
- 33,137 clients used their primary drug one or more days in the 30 days prior to their admission.
- 43,147 (73.2%) reported abstinence from use of their primary drug at discharge.
- There was a 70.4 percent increase in the number of clients who abstained from drug use after treatment.



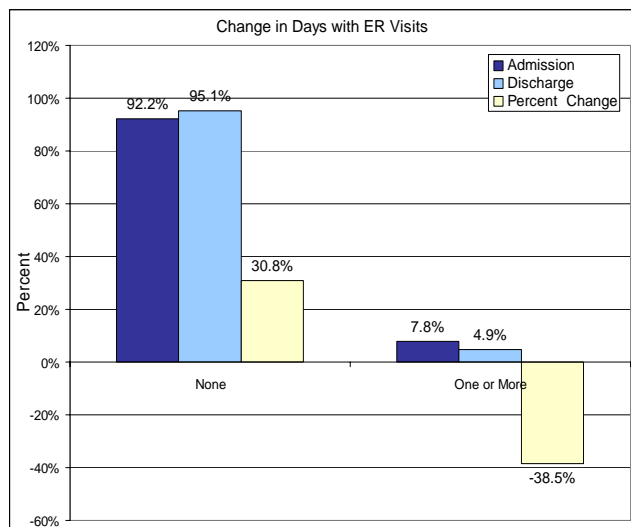
The graph above shows changes that occurred in employment status between admission and discharge for 58,973 clients. At admission 43,402 clients reported being unemployed and 4,991 of these clients reported being employed at discharge. There was a 37.1 percent increase in the number of clients who reported being employed at discharge.



This graph displays change in homelessness between admission and discharge for 58,973 clients. At admission 11,560 clients were homeless and 1,573 had obtained stable housing at discharge. There was a 29.5 percent increase in the number of clients in stable housing.



The data in this graph show the change in the number of arrests reported by 58,973 clients 30 days prior to admission and 30 days prior to discharge. At admission 8,405 clients reported they were arrested at least one day in the prior 30 days. At discharge, 5,947 of these clients reported they had not been arrested in the 30 days prior to discharge interview. This represents a 71.3 percent decrease in the number of clients who had been arrested.



The data in the graph above is for 58,973 unique clients and shows what these clients reported at admission, at discharge, and the percent change in client responses measured after discharge. At admission 54,357 clients reported they had visited an ER at least once in the prior 30 days. Of these clients 2,876 reported they had visited an ER at least once in the 30 days prior to discharge. Therefore, there was a 38.5 percent decrease in the number of clients reporting they had at least one ER visit in the 30 days prior between admission and discharge.

Summary

- There were 222,221 new admissions to treatment from July 1, 2006 through June 30, 2007.
- The majority of treatment admissions were for males (62.5%).
- The percents of admissions for Whites or Hispanics were higher than percents for any other race/ethnic group.
- Most age groups were admitted in similar proportions, with the largest percents of admissions being for persons 26 to 35 and 36 to 45.
- Over half of the admissions to treatment were for clients referred through the criminal justice system; 28.3 percent of criminal justice referrals were SACPA and 24.2 percent were other court referrals.

- The majority of admissions were for outpatient treatment services (not including methadone maintenance).
- Methamphetamine is the number one drug among men, women, Whites, Hispanics, Asians/Pacific Islanders, American Indians/Alaska Natives, and four of the seven age groups.
- The majority of youth in treatment report marijuana (62.4%) as their drug of choice.
- Nearly one third of admissions (32.6%) for persons 56 to 65 were for heroin.
- Over one third of discharges (35.8%) were for service stays lasting 91 to 365 days.
- There was a 70.4 percent decrease, between admission and discharge, in the number of clients that abstained from use of their primary drug in the 30 days prior to their CalOMS-Tx interview.
- There were 4,991 clients unemployed at admission who became employed by the time they were discharged from treatment.
- There was a 71.3 percent decrease, between admission and discharge, in the number of clients who had been arrested in the 30 days prior to their CalOMS-Tx interview.